CHANGES

Only complete this information if you have changed in any of the categories below. NEW NAME _____ NEW ADDRESS _____ NEW CLASSIFICATION _____ FULL TIME, PART TIME OR CASUAL _____ AGE CHANGE (if under 21) _____ NEW DEPARTMENT _____

TIME SHEET

TO BE COMPLETED DAILY

| COMPANY |
|----------------------|
| DEPARTMENT WORKED IN |
| ROSTERED DAYS OFF |
| (Full timers only) |

YOU MUST FILL IN YOUR EMPLOYEE NUMBER EACH WEEK.

| EMPLOYEE NUMBER | |
|--------------------------------|--|
| NAME | |
| ADDRESS | |
| | |
| CLASSIFICATION | |
| FULL TIME, PART TIME OR CASUAL | |
| AGE (if under 21) | |

| ŀ | DEPT: Eg. | Time of | | | | E | Broken Tim | e, Meals etc |). - | | | | | | | | F | OR OFFIC | E USE ONL | .Υ | | |
|---|--|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|------------------------------|--------------------------|----------------------|--|-----|--------------------|-----------|------|----------|----|----------|-----------|----|--|--|
| Bar, Gaming, Kitchen | Starting Work am/pm | Time of Leaving | Time of Resuming | Time of Leaving | Time of Resuming | Time of Leaving | Time of Resuming | Time of Finishing Work | Total Hours Worked | Employee's Signature | | Т | T ¹ /10 | T1/4/T1/3 | T1/2 | T3/4 | 2Т | 2T½ | Penalty | | | |
| Wed | | | | | | | | | | | | | | | | | | | | | | |
| Thur | | | | | | | | | | | | | | | | | | | | | | |
| Fri | | | | | | | | | | | | A12 | | | | | | | | | | |
| SAT | | | | | | | | | | | | | | | | | | | | | | |
| SUN | | | | | | | | | | | | | | | | | | | | | | |
| Mon | | | | | | | | | | | | | | | | | | | | | | |
| Tues | Alta Marie Ville - Alta Alpa Alpa Alpa Alpa Alpa Alpa Alpa Alp | | | | | | | | | | | | | | | | | | | | | |
| - | | | | | | | | | | l | | | 57 | 41 | 42 | 43 | 44 | 45 | 46 | | | |
| Prepared by CRAWSHAY CONSULTANTS PTY. LTD. PAYROLL SPECIALISTS IMPOR New employees are reminded to | | | | | | | r responsibility to | | 58 | L | | 47 | | 48 | | <u> </u> | | | | | | |

P.O. Box 434 Camberwell 3124 Tel: 9882 5837, 9882 5839 Fax: 9882 6244, 9882 6276

submit a tax file number declaration form. It is suggested that you attach the form to your time sheet so that it doesn't get lost. If this is your only job then you should tick "Yes" to the General Exemption, if it is not then tick "No". If you don't have your tax file number you must still submit the form and you are given 28 days from commencing to give us the number. Employees who do not submit a form or who do not provide their tax file number within 28 days will be taxed at 47 cents in the dollar.

| | 57 | | 41 | | 42 | | 43 | | 44 | | 45 | | 46 | | |
|-------|----|--|----|--|----|--|----|--|----|--|----|--|----|--|--|
| | 58 | | | | | | 47 | | | | 48 | | | | |
| | 59 | | | | | | | | | | 49 | | | | |
| | 60 | | | | | | | | | | 50 | | | | |
| OTHER | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |